

APPLICATION.

Have you ever been a member of the U.S. Armed Services? YES ___ NO ___

Type of Discharge? ___ Honorable ___ General ___ Other

If Other, Please Explain: _____

Active Duty Date: From: _____ To: _____

EDUCATION

High School Graduate: Yes ___ No ___

Name and Location: _____

Year Graduated: _____ High School Equivalent: _____
Please give date and source: _____

Name and Location of College or University: _____

Dates Attended: _____

Major/Minor: _____

Degree(s) Attained: _____

Formal Training, such as Vocational, Business or other job related courses: _____

Dates Attended: _____

OCCUPATIONAL/PROFESSIONAL LICENSES OR CERTIFICATES

Type: _____

Number: _____

Date Obtained: _____ Renewal Date: _____

Drivers License or Chauffeurs License No. and State: _____

Has your Drivers License ever been suspended or revoked? YES ___ NO ___

If Yes, Please Explain: _____

CURRENT EMPLOYMENT

Job Title: _____ From: _____ To: _____

Firm Name: _____

Address: _____

Telephone: _____ Kind of Business: _____

Immediate Supervisor's Name and Title: _____

Number of hours worked per week: _____

Brief description of duties: _____

Reason for leaving: _____

PREVIOUS EMPLOYMENT

Job Title: _____ From: _____ To: _____

Firm Name: _____

Address: _____

Telephone: _____ Kind of Business: _____

Immediate Supervisor's Name and Title: _____

Number of hours worked per week: _____

Brief description of duties: _____

Reason for leaving: _____

PREVIOUS EMPLOYMENT

Job Title: _____ **From:** _____ **To:** _____

Firm Name: _____

Address: _____

Telephone: _____ **Kind of Business:** _____

Immediate Supervisor's Name and Title: _____

Number of hours worked per week: _____

Brief description of duties: _____

Reason for leaving: _____

CERTIFICATION:

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for certification as a civil process server in the Second Judicial Circuit and may be grounds for revocation at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for certification by employers, schools, law enforcement agencies, and other individuals and organizations to investigators for certification purposes. This consent shall continue to be effective during my certification should I be certified. I understand that applications submitted for certification are public record. I certify that to the best of my knowledge and belief all of the statements contained herein and on my attachments are true, correct, complete and made in good faith.

SIGNATURE: _____ **DATE:** _____

OATH OF OFFICE

I solemnly swear or affirm that I will faithfully discharge the duties imposed upon me as a certified process server in accordance with the law and will abide by and effect service of process in accordance with the applicable Florida Statutes and Rules of Court.

I understand and agree that as an applicant for the status of certified process server, I will post with the Court Administrator, Second Judicial Circuit, a bond in the amount of five thousand dollars (\$5,000) in cash or sureties approved by the Court for the benefit of any person injured by me as a result of any wrongful act or omission relating to my activities as a process server.

I understand and agree that as an applicant for the status of certified process server, a national criminal background investigation will be performed to assure my eligibility for certification.

I solemnly swear or affirm that I have read and carefully studied Chapter 48, Florida Statutes, as now amended, and is thoroughly familiar with the provisions of Florida Law pertaining to service of civil process.

I understand that Florida Statutes 48.31 (2) provides, in part that,

A certified process server must be disinterested in any process he/she serves; if the certified process server willfully and knowingly executes a false return of service, he or she is guilty of a felony of the third degree punishable as provided in s. 775.082, s. 775.083, or s. 775.084, and shall be permanently barred from serving process in the state.

I further understand that, if appointed, I serve at the pleasure of the Chief Judge of the Second Judicial Circuit, and that my appointment may be revoked at his discretion in accordance with the law.

Applicant

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public, State of Florida

My Commission Expires:_____

PROCESS SERVER'S BOND

KNOW ALL MEN BY THESE PRESENTS, that we, _____
_____, as Principal, and
_____, as Surety, are held and
firmly bound unto the Governor of the State of Florida for the benefit any person
wrongfully injured by any malfeasance, misfeasance or incompetence of the applicant
in connection with his/her duties as a Process Server, in the sum of FIVE THOUSAND
DOLLARS (\$5,000.00) lawful money of the United States, for the payment whereof, well
and truly to be made, we bind ourselves, our heirs, executors and administrators, jointly
and severally, firmly by these present.

THE CONDITION OF THIS OBLIGATION is such that the above named
Principal has applied for certification as a Process Server by the Chief Judge of the
Second Judicial Circuit, State of Florida, and if the bounden _____
shall faithfully perform the duties of his/her said office, as prescribed by law, then this
obligation shall be void, otherwise to remain in full force and effect.

This bond shall be for a period of ONE (1) YEAR and may be renewed, by
continuation certificate.

SIGNED AND SEALED this _____ day of _____, 19____.

PRINCIPAL

IN THE SECOND JUDICIAL CIRCUIT
OF FLORIDA

IN RE: APPLICATION FOR CERTIFICATION FOR
CERTIFICATION OF CIVIL PROCESS SERVER

Name of Applicant: _____

Applicant's Address: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____

_____ /

SHERIFF'S ADVISORY FORM

In accordance with Section 48.25, et seq., Florida Statutes, and Administrative Order 2003-11, Second Judicial Circuit Court, I understand that the above named applicant is seeking certification as a Certified Civil Process Server in the Second Judicial Circuit. As part of the application process, the applicant is required to obtain any comments from the six (6) Sheriff's in this Circuit or their designate, regarding the applicant's suitability and fitness for certification.

The undersigned, as a representative of the Office of Sheriff indicated (mark one):

- ____ 1. Has no Objections to the certification of the applicant named above.
- ____ 2. Has no Opinion or Knowledge regarding the certification of the applicant named above;
- or
- ____ 3. Objects to certification of the applicant name above for the following reasons:

Signed on _____, 20__.

(Date)

Signature: _____
Title: _____
County of Office: _____

